



No. \_\_\_\_\_  
\$20.00 Fee

## **CHILD CARE APPLICATION**

**NOTE:** This application shall not be altered by an applicant except that additional sheets may be attached where there is insufficient space provided to complete the required information. Additional supporting material may accompany the application at the applicant's discretion. No section of the application can be waived without written justification, and such justification is deemed sufficient to warrant a waiver by the Department of Public Works.

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATUS OF APPLICANT: \_\_\_\_\_  
(Owner, renter, potential owner, etc.)

OWNER (If not applicant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE:** If the property owner(s) is (are) not the applicant(s), a notarized statement signed by the owner(s) which states that they have no objection to the proposed child care facility shall be attached to this application.

LOCATION OF CHILD CARE FACILITY: \_\_\_\_\_  
(Address)

**CITY OF STERLING, CENTENNIAL SQUARE, 421 N. 4TH STREET, P.O. BOX 4000, STERLING,  
CO 80751-0400 PHONE (970) 522-9700**

TYPE OF CHILD CARE FACILITY REQUESTED: (Check one)

\_\_\_\_\_ HOME-BASED CHILD CARE: Less than 24 hour care for 2-6 children from infancy to 13 years. (Plus 2 additional school-age children)

\_\_\_\_\_ LARGE CHILD CARE: Less than 24 hour care for 7-12 children between 2-16 yrs.

\_\_\_\_\_ CHILD CARE CENTER: Less than 24 hour care for 13 or more children between 2-16 yrs. The term includes facilities known as "nursery school", "preschool", and "day camp".

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

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FOR DEPARTMENT USE ONLY

APPLICATION FEE: \$20.00 PAID: \_\_\_/\_\_\_/\_\_\_ FEE RECEIPT #: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

ISSUED PERMIT #: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_